

**STATEMENT OF ECONOMIC INTERESTS**

Date Received  
Official Use Only

**COVER PAGE**

CITY OF SUNNYVALE, CA  
CITY CLERK'S OFFICE

*A Public Document*

Please type or print in ink

2006 MAR 20 P 1:37

NAME (LAST)	(FIRST)	(MIDDLE)	DAYTIME TELEPHONE NUMBER
Chu	Dean	J.	(408) 732-7776
MAILING ADDRESS (May use business address)	STREET	CITY	STATE ZIP CODE
1278 Mandarin Drive	Sunnyvale	CA	94087
			OPTIONAL: FAX / E-MAIL ADDRESS

**1. Office, Agency, or Court**

Name of Office, Agency, or Court:

City of Sunnyvale

Division, Board, District, if applicable:

Your Position:

City Councilmember - Seat #4

➔ If filing for multiple positions, list additional agency(ies)/ position(s): (Attach a separate sheet if necessary.)

Agency:

Position:

**2. Jurisdiction of Office (Check at least one box)**

☐ State

☐ County of \_\_\_\_\_

☒ City of Sunnyvale

☐ Multi-County \_\_\_\_\_

☐ Other \_\_\_\_\_

**3. Type of Statement (Check at least one box)**

☐ Assuming Office/Initial

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

☒ Annual: The period covered is January 1, 2005, through December 31, 2005.

-or-

☐ The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through December 31, 2005.

☐ Leaving Office Date Left: \_\_\_\_/\_\_\_\_/\_\_\_\_ (Check one)

☐ The period covered is January 1, 2005, through the date of leaving office.

-or-

☐ The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through the date of leaving office.

☐ Candidate

**4. Schedule Summary**

➔ Total number of pages including this cover page: \_\_\_\_\_

➔ Check applicable schedules or "No reportable interests."

I have disclosed interests on one or more of the attached schedules:

Schedule A-1 ☒ Yes - schedule attached  
Investments (Less than 10% Ownership)

Schedule A-2 ☒ Yes - schedule attached  
Investments (10% or greater Ownership)

Schedule B ☐ Yes - schedule attached  
Real Property

Schedule C ☐ Yes - schedule attached  
Income, Loans, & Business Positions (Income Other than Gifts and Travel Payments)

Schedule D ☐ Yes - schedule attached  
Income - Gifts

Schedule E ☒ Yes - schedule attached  
Income - Travel Payments

-or-

☐ No reportable interests on any schedule

**5. Verification**

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 3/19/2006  
(month, day, year)

Signature [Signature]  
(File the originally signed statement with your filing official.)

# SCHEDULE A-1

## Investments

### Stocks, Bonds, and Other Interests

(Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

**CALIFORNIA FORM 700**  
FAIR POLITICAL PRACTICES COMMISSION

Name

Dean J. Chu

> NAME OF BUSINESS ENTITY  
Silicon Valley Bank

GENERAL DESCRIPTION OF BUSINESS ACTIVITY  
Banking

FAIR MARKET VALUE  
☐ \$2,000 - \$10,000      ☒ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000      ☐ Over \$1,000,000

NATURE OF INVESTMENT  
☒ Stock  
☐ Other \_\_\_\_\_ (Describe)

IF APPLICABLE, LIST DATE:  
 \_\_\_\_\_ / \_\_\_\_\_ / 05      \_\_\_\_\_ / \_\_\_\_\_ / 05  
 ACQUIRED      DISPOSED

> NAME OF BUSINESS ENTITY  
\_\_\_\_\_

GENERAL DESCRIPTION OF BUSINESS ACTIVITY  
\_\_\_\_\_

FAIR MARKET VALUE  
☐ \$2,000 - \$10,000      ☐ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000      ☐ Over \$1,000,000

NATURE OF INVESTMENT  
☐ Stock  
☐ Other \_\_\_\_\_ (Describe)

IF APPLICABLE, LIST DATE:  
 \_\_\_\_\_ / \_\_\_\_\_ / 05      \_\_\_\_\_ / \_\_\_\_\_ / 05  
 ACQUIRED      DISPOSED

> NAME OF BUSINESS ENTITY  
\_\_\_\_\_

GENERAL DESCRIPTION OF BUSINESS ACTIVITY  
\_\_\_\_\_

FAIR MARKET VALUE  
☐ \$2,000 - \$10,000      ☐ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000      ☐ Over \$1,000,000

NATURE OF INVESTMENT  
☐ Stock  
☐ Other \_\_\_\_\_ (Describe)

IF APPLICABLE, LIST DATE:  
 \_\_\_\_\_ / \_\_\_\_\_ / 05      \_\_\_\_\_ / \_\_\_\_\_ / 05  
 ACQUIRED      DISPOSED

> NAME OF BUSINESS ENTITY  
Verizon

GENERAL DESCRIPTION OF BUSINESS ACTIVITY  
Telephone Services

FAIR MARKET VALUE  
☐ \$2,000 - \$10,000      ☒ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000      ☐ Over \$1,000,000

NATURE OF INVESTMENT  
☒ Stock  
☐ Other \_\_\_\_\_ (Describe)

IF APPLICABLE, LIST DATE:  
 \_\_\_\_\_ / \_\_\_\_\_ / 05      \_\_\_\_\_ / \_\_\_\_\_ / 05  
 ACQUIRED      DISPOSED

> NAME OF BUSINESS ENTITY  
\_\_\_\_\_

GENERAL DESCRIPTION OF BUSINESS ACTIVITY  
\_\_\_\_\_

FAIR MARKET VALUE  
☐ \$2,000 - \$10,000      ☐ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000      ☐ Over \$1,000,000

NATURE OF INVESTMENT  
☐ Stock  
☐ Other \_\_\_\_\_ (Describe)

IF APPLICABLE, LIST DATE:  
 \_\_\_\_\_ / \_\_\_\_\_ / 05      \_\_\_\_\_ / \_\_\_\_\_ / 05  
 ACQUIRED      DISPOSED

> NAME OF BUSINESS ENTITY  
\_\_\_\_\_

GENERAL DESCRIPTION OF BUSINESS ACTIVITY  
\_\_\_\_\_

FAIR MARKET VALUE  
☐ \$2,000 - \$10,000      ☐ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000      ☐ Over \$1,000,000

NATURE OF INVESTMENT  
☐ Stock  
☐ Other \_\_\_\_\_ (Describe)

IF APPLICABLE, LIST DATE:  
 \_\_\_\_\_ / \_\_\_\_\_ / 05      \_\_\_\_\_ / \_\_\_\_\_ / 05  
 ACQUIRED      DISPOSED

Comments: \_\_\_\_\_

**SCHEDULE A-2**  
**Investments, Income, and Assets**  
**of Business Entities/Trusts**  
(Ownership Interest is 10% or Greater)

<b>CALIFORNIA FORM 700</b> FAIR POLITICAL PRACTICES COMMISSION
Name <u>Dean J. Chu</u>

**1. BUSINESS ENTITY OR TRUST**

Name Wilma Chu

Address

1278 Mandarin Drive, Sunnyvale, Ca 94087

Check one

☐ Trust, go to 2    ☒ Business Entity, complete the box, then go to 2

**GENERAL DESCRIPTION OF BUSINESS ACTIVITY**

**Scrapbook Consultant**

**FAIR MARKET VALUE**

- ☒ \$2,000 - \$10,000  
☐ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000  
☐ Over \$1,000,000

**IF APPLICABLE, LIST DATE:**

\_\_\_\_/\_\_\_\_/05    \_\_\_\_/\_\_\_\_/05  
ACQUIRED    DISPOSED

**NATURE OF INVESTMENT**

☒ Sole Proprietorship    ☐ Partnership    ☐ Other

YOUR BUSINESS POSITION Spouse

**2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)**

- ☒ \$0 - \$499    ☐ \$10,001 - \$100,000  
☐ \$500 - \$1,000    ☐ OVER \$100,000  
☐ \$1,001 - \$10,000

**3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (attach a separate sheet if necessary)**

None

**4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST**

Check one box:

☐ INVESTMENT    ☐ REAL PROPERTY

Name of Business Entity or

Street Address or Assessor's Parcel Number of Real Property

Description of Business Activity or

City or Other Precise Location of Real Property

**FAIR MARKET VALUE**

- ☐ \$2,000 - \$10,000  
☐ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000  
☐ Over \$1,000,000

**IF APPLICABLE, LIST DATE:**

\_\_\_\_/\_\_\_\_/05    \_\_\_\_/\_\_\_\_/05  
ACQUIRED    DISPOSED

**NATURE OF INTEREST**

☐ Property Ownership/Deed of Trust    ☐ Stock    ☐ Partnership

☐ Leasehold    ☐ Other  
Yrs. remaining

☐ Check box if additional schedules reporting investments or real property are attached

Comments:

**1. BUSINESS ENTITY OR TRUST**

Name

Address

Check one

☐ Trust, go to 2    ☐ Business Entity, complete the box, then go to 2

**GENERAL DESCRIPTION OF BUSINESS ACTIVITY**

**FAIR MARKET VALUE**

- ☐ \$2,000 - \$10,000  
☐ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000  
☐ Over \$1,000,000

**IF APPLICABLE, LIST DATE:**

\_\_\_\_/\_\_\_\_/05    \_\_\_\_/\_\_\_\_/05  
ACQUIRED    DISPOSED

**NATURE OF INVESTMENT**

☐ Sole Proprietorship    ☐ Partnership    ☐ Other

YOUR BUSINESS POSITION

**2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)**

- ☐ \$0 - \$499    ☐ \$10,001 - \$100,000  
☐ \$500 - \$1,000    ☐ OVER \$100,000  
☐ \$1,001 - \$10,000

**3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (attach a separate sheet if necessary)**

**4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST**

Check one box:

☐ INVESTMENT    ☐ REAL PROPERTY

Name of Business Entity or

Street Address or Assessor's Parcel Number of Real Property

Description of Business Activity or

City or Other Precise Location of Real Property

**FAIR MARKET VALUE**

- ☐ \$2,000 - \$10,000  
☐ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000  
☐ Over \$1,000,000

**IF APPLICABLE, LIST DATE:**

\_\_\_\_/\_\_\_\_/05    \_\_\_\_/\_\_\_\_/05  
ACQUIRED    DISPOSED

**NATURE OF INTEREST**

☐ Property Ownership/Deed of Trust    ☐ Stock    ☐ Partnership

☐ Leasehold    ☐ Other  
Yrs. remaining

☐ Check box if additional schedules reporting investments or real property are attached

**SCHEDULE E**  
**Income – Gifts**  
**Travel Payments, Advances,**  
**and Reimbursements**

**CALIFORNIA FORM 700**  
FAIR POLITICAL PRACTICES COMMISSION

Name  
Dean J. Chu

- Reminder – you must mark the gift or income box.
- You are not required to report “income” from government agencies.

➤ NAME OF SOURCE  
People's Republic of China - San Francisco Consulate  
ADDRESS  
Lombard Street  
CITY AND STATE  
San Francisco, California  
BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Foreign Government  
DATE(S): 11 / 7 / 05 - 11 / 17 / 05 AMT: \$ 900  
(If applicable)  
TYPE OF PAYMENT: (must check one) ☒ Gift ☐ Income  
DESCRIPTION: China sponsored trip for elected officials  
to learn about China's government infrastructure. \*

➤ NAME OF SOURCE  
\_\_\_\_\_  
ADDRESS  
\_\_\_\_\_  
CITY AND STATE  
\_\_\_\_\_  
BUSINESS ACTIVITY, IF ANY, OF SOURCE  
\_\_\_\_\_  
DATE(S): \_\_\_\_/\_\_\_\_/\_\_\_\_ - \_\_\_\_/\_\_\_\_/\_\_\_\_ AMT: \$ \_\_\_\_\_  
(If applicable)  
TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income  
DESCRIPTION: \_\_\_\_\_

➤ NAME OF SOURCE  
\_\_\_\_\_  
ADDRESS  
\_\_\_\_\_  
CITY AND STATE  
\_\_\_\_\_  
BUSINESS ACTIVITY, IF ANY, OF SOURCE  
\_\_\_\_\_  
DATE(S): \_\_\_\_/\_\_\_\_/\_\_\_\_ - \_\_\_\_/\_\_\_\_/\_\_\_\_ AMT: \$ \_\_\_\_\_  
(If applicable)  
TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income  
DESCRIPTION: \_\_\_\_\_

➤ NAME OF SOURCE  
\_\_\_\_\_  
ADDRESS  
\_\_\_\_\_  
CITY AND STATE  
\_\_\_\_\_  
BUSINESS ACTIVITY, IF ANY, OF SOURCE  
\_\_\_\_\_  
DATE(S): \_\_\_\_/\_\_\_\_/\_\_\_\_ - \_\_\_\_/\_\_\_\_/\_\_\_\_ AMT: \$ \_\_\_\_\_  
(If applicable)  
TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income  
DESCRIPTION: \_\_\_\_\_

Comments: \* Chinese government covered costs within China. I paid for transportation to and from China.